

WHICH FORMS SHOULD I COMPLETE?

- Complete [Online ERA Enrollment](#)
 - o Method of Retrieval: **INET - eMOMED**
 - o Clearinghouse Name: **Office Ally**
 - o Clearinghouse Contact Name: **EDI Enrollment Department**
 - o Telephone Number: **(360) 975-7000 opt 1**
 - o Email Address: payerenrollment@officeally.com

- After completing the online enrollment, send an **email** to payerenrollment@officeally.com with the following information:
 - o **Email Subject:** Medicaid MO_ERA Enrollment Approval_(insert NPI)
 - o **Email Body:** Please log my ERA approval for MCDMO with the following details:
 - **Provider Name:**
 - **Provider NPI:**
 - **Provider Tax ID:**

Note: Additional instructions will be provided after we receive your email.